MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/018978 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1					52						
3		1					53						
4							54						
5		1					55						
6		1					56						
7							57						
8							58						
9		8		1			59						
10		8		1			60						
11		8					61						
12		8					62						
13		8					63						
14		8					64						
15		8					65						
16		8					66						
17		8					67						
18	1		1				68						
19		1					69						
20	1						70						
21							71						
22		1					72						
23							73						
24		1					74						
25	1		1				75						
26		1					76						
27	1		1				77						
28			1				78						
29	1		1				79						
30		1	1				80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	7		6				TOTAL IND.						
TOTAL DEP.	23		24				TOTAL DEP.						
TOTAL CLAIMS	30		30				TOTAL CLAIMS						

FTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS   U.S. DEPARTMENT of COMMERCE
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